

**MACOMB COUNTY CIRCUIT COURT  
INDIGENT PANEL ATTORNEY APPLICATION  
FOR  
DOMESTIC CASES  
  
FAMILY DIVISION**

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| Name | P Number |
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| Principal address listed with the Michigan State Bar City | State | Zip Code |
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| Telephone Number | Fax Number | Tax I.D. Number<br>( for payment purposes only) |
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Have you attended the required basic skills seminar in domestic relations law?\_\_\_\_\_

Y /N

How long have you practiced law in Macomb County ?\_\_\_\_\_

Admitted to the Michigan State Bar on:\_\_\_\_\_Are you a member in good standing at this time?\_\_\_\_\_

MM/DD/YYY / N

Joined the Macomb County Bar on:\_\_\_\_\_Are you a member in good standing at this time?\_\_\_\_\_

MM/DD/YYY / N

**Qualifications for the Family Division Assignment List**

Attorneys applying to be counsel in domestic relation cases within the Family division must have substantial and relevant experience in representing individuals in domestic relations proceedings for which counsel must be appointed by law, including experience in Macomb County Circuit Court. Attorneys must have shown competence and diligence in the cases in which they have appeared.

## Experience and Background

What percentage of your practice is domestic ? \_\_\_\_\_ %

In the past twelve months, how many domestic cases have you appeared on in the Macomb County Circuit Court ? \_\_\_\_\_

Who is the last Macomb County Family Court judge you appeared before and represented a client(s) on a domestic case(s) and on what date was this appearance ?

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List all of the Macomb County Family Court judges before whom you have appeared before in the past five years and represented clients on domestic cases ? If you need more space, you may attach additional pages of information to this form.

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List any other seminars or workshops on family court law you have attended in the past twelve months:

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List any foreign languages you speak fluently: \_\_\_\_\_

If you have any other information you would like to submit, you may attach additional pages of information to this form.

**The information stated on this application is true to the best of my knowledge. I agree to follow the rules of the Macomb County Circuit Court Indigent Counsel System as stated in Administrative Order 2003-7.**

Date: \_\_\_\_\_ Signature \_\_\_\_\_

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**“ Do not write in this section. – For use by the Indigent Panel Committee only. “**

Current Panel: \_\_\_\_\_ MCBA: \_\_\_\_\_ Education: \_\_\_\_\_ Address: \_\_\_\_\_

Committee Recommendation: